



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

50125
AARP

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LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) <i>Stanton</i>	(First) <i>Barbara</i>	(Middle) <i>Kim</i>	TELEPHONE <i>545-6001</i>
MAILING ADDRESS (Street) <i>1132 Bishop Street, Suite 1920</i>			FAX <i>537-7288</i>
(City) <i>Honolulu</i>	(State) <i>Hawaii</i>	(Zip Code) <i>96813</i>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

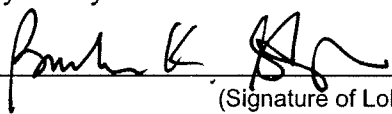
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>AARP</i>			TELEPHONE <i>545-6000</i>
MAILING ADDRESS (Street) <i>1132 Bishop Street, Suite 1920</i>			FAX <i>537-7288</i>
(City) <i>Honolulu</i>	(State) <i>Hawaii</i>	(Zip Code) <i>96813</i>	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <i>Harry Mattson</i>			TELEPHONE <i>545-6005</i>
MAILING ADDRESS (Street) <i>1132 Bishop Street, Suite 1920</i>			FAX <i>537-7288</i>
(City) <i>Honolulu</i>	(State) <i>Hawaii</i>	(Zip Code) <i>96813</i>	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

5/29/2007

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Monnons Kim Stanton

NAME OF ORGANIZATION (if applicable)

AARP

TELEPHONE

545-6000

MAILING ADDRESS (Street)

1132 Bishop Street, Suite 192

FAX

537-2288

(City)

Honolulu

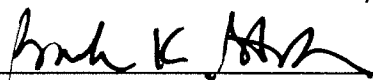
(State)

Hawaii

(Zip Code)

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

5/29/2007

(Date)